

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 576 / 685

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Dan Coats for Indiana

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Scott C. Wright</p>	<p>Transaction ID: B31D4DCE798464C189DF Date of Disbursement</p>
<p>Mailing Address 1137 Questover Circle</p>	<p><input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="2010"/></p>
<p>City Indianapolis State IN Zip Code 46228-1436</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Travel Expense Reimbursement</p>	<p><input type="text" value="25.80"/></p>
<p>Candidate Name</p>	<p>Category/Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Justin T. Busch</p>	<p>Transaction ID: BCD63623B59BB47A1839 Date of Disbursement</p>
<p>Mailing Address 6838 North Goshen Road</p>	<p><input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="2010"/></p>
<p>City Fort Wayne State IN Zip Code 46818-9690</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Meal and Travel Reimbursement</p>	<p><input type="text" value="551.56"/></p>
<p>Candidate Name</p>	<p>Category/Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p>	<p>Transaction ID: BC8D185B8D50E468A818 Date of Disbursement</p>
<p>Mailing Address Post Office Box 650448</p>	<p><input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="2010"/></p>
<p>City Dallas State TX Zip Code 75265</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Merchant Fee Collection</p>	<p><input type="text" value="785.77"/></p>
<p>Candidate Name</p>	<p>Category/Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ <input type="text" value="1363.13"/></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ <input type="text" value=""/></p>	

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